

Department of Health and Human Services

§ 60.3

60.9 Reporting licensure actions taken by States.

60.10 Reporting negative actions or findings taken by peer review organizations or private accreditation entities.

60.11 Reporting adverse actions on clinical privileges.

Subpart C—Disclosure of Information by the National Practitioner Data Bank

60.12 Information which hospitals must request from the National Practitioner Data Bank.

60.13 Requesting information from the National Practitioner Data Bank.

60.14 Fees applicable to requests for information.

60.15 Confidentiality of National Practitioner Data Bank information.

60.16 How to dispute the accuracy of National Practitioner Data Bank information.

AUTHORITY: 42 U.S.C. 11101–11152; 42 U.S.C. 1396r–2.

SOURCE: : 54 FR 42730, Oct. 17, 1989, unless otherwise noted.

Subpart A—General Provisions

§ 60.1 The National Practitioner Data Bank.

The Health Care Quality Improvement Act of 1986, as amended (HCQIA), title IV of Public Law 99–660 (42 U.S.C. 11101 *et seq.*), authorizes the Secretary to establish (either directly or by contract) a National Practitioner Data Bank (NPDB) to collect and release certain information relating to the professional competence and conduct of physicians, dentists and other health care practitioners. Section 1921 of the Social Security Act (42 U.S.C. 1396r–2) (section 1921) requires each State to adopt a system of reporting to the Secretary adverse licensure actions taken against health care practitioners and entities. Section 1921 also requires States to report any negative action or finding which a State licensing authority, peer review organization, or private accreditation entity has concluded against a health care practitioner or entity. This information will be collected and released to authorized parties by the NPDB. The regulations in this part set forth the reporting and disclosure requirements for the NPDB.

[75 FR 4676, Jan. 28, 2010]

§ 60.2 Applicability of these regulations.

The regulations in this part establish reporting requirements applicable to hospitals; health care entities; Boards of Medical Examiners State licensing authorities; professional societies of physicians, dentists or other health care practitioners which take adverse licensure of professional review actions, State licensing or certification authorities, peer review organizations, and private accreditation entities that take negative actions or findings against health care practitioners, physicians, dentists, or entities; and entities (including insurance companies) making payments as a result of medical malpractice actions or claims. They also establish procedures to enable individuals or entities to obtain information from the NPDB or to dispute the accuracy of NPDB information.

[59 FR 61555, Dec. 1, 1994, as amended at 75 FR 4676, Jan. 28, 2010]

§ 60.3 Definitions.

Act means the Health Care Quality Improvement Act of 1986, title IV of Pub. L. 99–660, as amended.

Adversely affecting means reducing, restricting, suspending, revoking, or denying clinical privileges or membership in a health care entity.

Affiliated or *associated* refers to health care entities with which a subject of a final adverse action has a business or professional relationship. This includes, but is not limited to, organizations, associations, corporations, or partnerships. This also includes a professional corporation or other business entity composed of a single individual.

Board of Medical Examiners, or *Board*, means a body or subdivision of such body which is designated by a State for the purpose of licensing, monitoring and disciplining physicians or dentists. This term includes a Board of Osteopathic Examiners or its subdivision, a Board of Dentistry or its subdivision, or an equivalent body as determined by the State. Where the Secretary, pursuant to section 423(c)(2) of the Act, has designated an alternate entity to carry out the reporting activities of § 60.11